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<b>13. ABSTRACT (Maximum 200 Words)</b> <p>The specific aims of the study are 1) to assess the bone mineral density of women 65 years of age and older with breast cancer in comparison with the bone mineral density of same aged women with normal mammograms; 2) to examine the risk factors associated with breast cancer and low bone mass in these two groups of women; 3) to develop a model based on the study population to determine the predictive value of low bone mass for risk of breast cancer.</p> <p>During the three years of this study, a total of 300 women (150 with breast cancer and 150 with a normal mammogram) aged 65 and older will be recruited from oncology and radiology offices to participate in a study consisting of one clinic visit. At the clinic visit, each subject will complete questionnaires detailing medical history, health habits, reproductive history, and medications. Height and weight will be measured. A blood sample will be drawn for storage. Bone mineral density will be measured at the forearm, hip, lumbar spine (L1-L4), and whole body using dual energy x-ray absorptiometry (DXA).</p> <p>The results of this study can be used 1) to identify the likelihood of low bone mass in older women with breast cancer; 2) to identify the risk factors that are common to both low BMD and breast cancer; and 3) to determine the feasibility of discontinuing mammography after 65 in women with low bone mass.</p>				
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## **Introduction:**

Women with low bone mineral density (BMD) have a low risk for breast cancer.<sup>1,2</sup> Therefore, it has been suggested that mammography may not be worthwhile for older women with low bone density.<sup>3</sup> Measuring BMD at age 65 and stopping mammography in women who have low BMD has been proposed as a cost-effective clinical practice. However, before implementation of this proposal, the question of what proportion of women with breast cancer have low BMD needs to be addressed. The specific aims of the proposed study are 1) to assess the bone mineral density of women 65 years of age and older with breast cancer in comparison with the bone mineral density of same aged women with normal mammograms; 2) to examine the risk factors associated with breast cancer and low bone mass in these two groups of women; 3) to develop a model based on the study population to determine the predictive value of low bone mass for risk of breast cancer. During the three years of this proposed study, a total of 300 women (150 with breast cancer and 150 with a normal mammogram) aged 65 and older will be recruited from oncology and radiology offices to participate in a study consisting of one clinic visit. At the clinic visit, each subject will complete questionnaires detailing medical history, health habits, reproductive history, and medications. Height and weight will be measured. A blood sample will be drawn for storage. Bone mineral density will be measured at the forearm, hip, lumbar spine (L1-L4), and whole body using dual energy x-ray absorptiometry (DXA).

## **Body:**

### **Start-Up Phase (3 months)**

During the first three months of the study, the start-up phase entailed the following:

1. developing the self-administered subject questionnaires (refer to Appendices);
2. obtaining approval of the Informed Consent from the Army and the University Human Subjects Committee;
3. applying to General Clinical Research Center for conducting outpatient visits in their facility;
4. developing recruitment materials, including telephone screening, flyers in English and Spanish and obtaining approval from the University Human Subjects Committee (latest flyers in Appendices);
5. training staff for recruitment and study visit;
6. working with the director of General Clinical Research Center outpatient facility on the UCSD La Jolla campus to establish the protocol for subjects' clinic visit;
7. targeting physicians and facilities for recruitment of subjects.

### **Recruitment Phase**

At the present time, end of Year 1 of 3, we are still in the recruitment phase for this case-control study. Our study goal is 150 cases of women with newly diagnosed breast cancer and 150 control subjects who have had a normal mammogram. Entry criteria were modified to allow women with all stages of breast cancer since biologically there is no difference in the disease across stages, only the extent of disease. In addition, the deadline for the clinic visit for women newly diagnosed breast cancer was redefined to

occur within 4 months of their definitive surgical procedure and similarly deadline for the control subjects was redefined to be within 4 months of their normal mammogram.

Our goal for the first 9 months of recruitment was 113 subjects, approximately half cases and half controls matched on age  $\pm$  2 years with the case subjects. We did not anticipate the difficulty we have experienced in the recruitment of cases with breast cancer for this study. Recruitment has been difficult despite having affirmation of recruitment assistance from multiple sources (refer to Recruitment Contacts in Appendices). In contrast, there have been no problems with recruitment of controls. Since we intend to eventually age match the controls to the cases, recruitment of control subjects was temporarily suspended to "catch-up" with the cases. The total number of subjects who have completed the study clinic visit is 52: 12 cases and 40 controls. The ethnicity is 42 Caucasian, 5 Hispanic, 4 Asian, and 1 African-American.

We are continuing to expand our recruitment efforts since physicians and other medical facilities have not proved to be a good source of study subjects. We have begun mass mailings based upon voter registration lists. We have also just made contact with the San Diego Breast Cancer Registry and are working with them to determine if we can contact women who are reported to the registry. During October, Breast Cancer Awareness Month, we have distributed flyers at the multiple events held in San Diego and were included in a series broadcast as part of the local evening news.

### **Study Clinic Visit**

Subjects are seen at the General Clinical Research Center outpatient facility on the UCSD La Jolla campus for their clinic visit. Participants are asked to fast for 12 hours prior to their clinic appointment and to bring in all their medications, including over-the-counter preparations. The clinic visit has been averaging two hours in duration and the following procedures are being performed:

1. Description of the study and administering informed consent before starting any study procedures.
2. Self-administered questionnaires used to obtain information on medical history, family history, health habits detailing smoking history, alcohol consumption, caffeine use, physical activity (Paffenberger), and diet (Block Food Frequency).
3. Medications and over-the-counter preparations are validated and recorded detailing the name, dose, frequency, duration, and route of delivery.
4. Height, weight, waist and hip circumferences, and percent body fat from whole body DXA are measured.
5. A fasting sample of blood (30 cc) is drawn for frozen storage and urine sample is collected for frozen storage.
6. Bone mineral density is measured at the forearm, hip, lumbar spine (L1-L4), and whole body using dual energy x-ray absorptiometry (DXA).

### **Key Research Accomplishments:**

Not applicable at this time.

**Reportable Outcomes:**

Not applicable at this time.

**Conclusions:**

Not applicable at this time.

**References:**

1. Cauley J, Lucas F, Kuller L, MT V, Browner WS, Cummings SR. Bone mineral density and risk of breast cancer in older women: The Study of Osteoporotic Fractures. JAMA 1996;276:1404-08.
2. Zhang Y, Kiel D, Kreger B, et al. Bone mass and the risk of breast cancer among postmenopausal women. New England Journal of Medicine 1997;1997:611-17.
3. Kerlikowske K, Salzmänn P, Phillips K, Cauley J, Cummings SR. Continuing screening mammography in women aged 70 to 79 years. Impact on life expectancy and cost effectiveness. JAMA 1999;282:2156-63.

**Appendices:**

**Study Questionnaires**

**Recruitment Flyers**

**Recruitment Contacts**

Date Scheduled: \_\_\_\_\_ Time Scheduled: \_\_\_\_\_  
Confirmation letter sent: \_\_\_\_\_  
Call Back (date): \_\_\_\_\_

(Last name, First name, MI)  
Screening # \_\_\_\_\_  
Initials: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Eligible/SCHEDULED Date: \_\_\_\_\_

\_\_\_\_\_ Potentially Eligible/HOLD Date to recontact: \_\_\_\_\_

\_\_\_\_\_ Ineligible: \_\_\_\_\_  
(specify reason)

## BREAST & BONE TELEPHONE SCREENING FORM

(Stage I Breast Cancer and Bone Mass in Older Women)

### Study Script (Description given by interviewer)

Good morning/afternoon. My name is \_\_\_\_\_. Let me tell you about the Breast and Bone Study. We are interested in comparing the bone mineral density of women with and without breast cancer. Recent studies have shown that women with low bone mineral density have a low risk for breast cancer. It has been suggested that mammography may not be worthwhile for older women with low bone mineral density. But, before acting on this suggestion, it is important to determine the percentage of women with stage I breast cancer that have low bone mineral density. The primary purpose of the Breast & Bone Study is to compare the bone mineral densities of women with and without breast cancer and to examine the risk factors associated with breast cancer and low bone mineral density in these two groups of women. All women participating in this important research project will benefit from free bone scans and make a significant contribution to women's health.

To continue the screening process, I need to ask you some questions and I need to get your permission to record your responses. Your responses may be used for research purposes in analyses. Please state whether or not you are willing to participate. (Participant must say "I am willing to participate" in order to continue. ) ☐ participant is willing to continue ☐ participant is not willing to continue (STOP!)

### 1. Where did you hear about the Breast & Bone study? (check as many as apply)

- 1 ☐ Radio announcement \_\_\_\_\_
- 2 ☐ Newspaper/magazine article (which one) \_\_\_\_\_
- 3 ☐ Poster \_\_\_\_\_
- 4 ☐ Mailing \_\_\_\_\_
- 5 ☐ Physician (who) \_\_\_\_\_
- 6 ☐ Friend (who) \_\_\_\_\_
- 7 ☐ Lecture/presentation (where/when) \_\_\_\_\_
- 8 ☐ Other, specify \_\_\_\_\_

2. Name: \_\_\_\_\_  
First Middle Init. Maiden (if applicable) Last

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

3. Date of Birth:   /   /   Current Age:   years

(If younger than 65, participant is INELIGIBLE )



4. Part of the eligibility criteria for this study involves having a recent mammogram. Have you ever had a mammogram?

1 ☐ NO  
↓

- a. To qualify for this study, would you be willing to have a mammogram? (NOTE: We are not paying for or providing the mammogram; Potential participants must set this up and pay for it themselves.)

1 ☐ NO → **INELIGIBLE\***

2 ☐ YES → *place on hold and make arrangements for her to call back after mammogram is scheduled*

2 ☐ YES  
↓

- b. What was the date of your last mammogram?   /   Month/Year

- c. Where did you have your mammogram? \_\_\_\_\_

- d. What were the results of your last mammogram?

1 ☐ NORMAL (if date of mammogram is within 8 weeks, participant is **eligible**; **SKIP TO Q #5**)

if mammogram was more than 8 weeks ago, participant is **ineligible**)

2 ☐ ABNORMAL, **Not CANCER\***

3 ☐ ABNORMAL, **CANCER**  
↓

- e. What stage was the cancer?

0 ☐ Stage 0\* 1 ☐ Stage I 2 ☐ Stage II\* 3 ☐ Stage III\* 4 ☐ Stage IV or higher\*

- f. Which of the following treatments have you had?

1. lumpectomy

1 ☐ NO

2 ☐ YES

Month / Year  
  /

2. Mastectomy

1 ☐ NO

2 ☐ YES

/

3. Chemotherapy\*

1 ☐ NO

2 ☐ YES

/

4. Radiation

1 ☐ NO

2 ☐ YES

/

5. Tamoxifen\*

1 ☐ NO

2 ☐ YES

/

\* Ineligible; thank participant and stop interview

Screening ID #

5. Has a doctor ever told you that you had any of the following:

- a. Breast cancer (for women with recently diagnosed breast cancer say "other than this recent diagnosis") 1 ☐ NO 2 ☐ YES\*
- b. Other cancer diagnosed less than 5 years ago (not skin, squamous cell, or basal cell) 1 ☐ NO 2 ☐ YES\*
- c. Spinal or hip fracture in your adult years not associated with major trauma such as an auto accident 1 ☐ NO 2 ☐ YES

6. Are you **currently** (within the past 2 weeks) using any of the following medications?

- a. Steroids by mouth, inhaler, or IM injection (chronic use) (eyedrops, cream, joint injection are OK to use) 1 ☐ NO 2 ☐ YES\*
- b. Medication to improve bone density (e.g. Fosamax, Didronel, Alendronate, Etidronate, Calcitonin, Actonel [residronate], or Evista [Raloxifene]) 1 ☐ NO 2 ☐ YES\*
- c. testosterone (by injection or patch) 1 ☐ NO 2 ☐ YES\*

7. Have you **ever** used

- a. steroids by mouth, inhaler, or IM injection daily for 6 months or longer? (eyedrops, cream, joint injection are OK) 1 ☐ NO 2 ☐ YES\*
- b. Medication to improve bone density (e.g. Fosamax, Didronel, Alendronate, Etidronate, Calcitonin, Actonel [residronate], or Evista [Raloxifene]) 1 ☐ NO 2 ☐ YES\*

\* IF YES participant is **INELIGIBLE**

8. During the past year were you immobilized or confined to bed for 6 months or longer?

- 1 ☐ NO 2 ☐ YES → **INELIGIBLE**

9. All women enrolled in this study will need to have their bone density measured at the forearm, hip, lumbar spine, and of their whole body using dual energy x-ray absorptiometry. The amount of radiation is equal to the amount you would get flying in an airplane from here (San Diego) to San Francisco. Are you willing to have your bone density measured?

- 1 ☐ NO → **INELIGIBLE**
- 2 ☐ YES
- 9 ☐ DON'T KNOW → **INELIGIBLE**

10. May I schedule you for visit?

- 1 ☐ No 2 ☐ Yes

*Tell participant:* We require that you fast for 12 hours before your clinic visit, although you may drink water. We would also like you to bring bottles of medications, vitamins or diet supplements that you have taken in the past two weeks with you to the visit.



# *BREAST & BONE STUDY*

Health and Lifestyle Questionnaire

## Health and Lifestyle Questionnaire

ID #

Date:

--

Interviewers Initials:

## BACKGROUND INFORMATION

1. What is your date of birth?

--

Month Day Year

2. What was your age at your last birthday?

 years

3. What category best describes your racial/ethnic background? If you are of mixed racial/ethnic background, choose the category with which you most closely identify yourself.

- 1 ☐ Asian or Pacific Islander
- 2 ☐ Hispanic
- 3 ☐ Black or African American (not Hispanic)
- 4 ☐ American Indian
- 5 ☐ White (not Hispanic)

4. What is the highest grade or year of school that you completed?

(Circle one number only):

Elementary.....	1	2	3	4	5	6	7	8
High School: .....	9	10	11	12				
Vocational/Technical School .....	13	14						
College: .....	13	14	15	16	17	18	19	20+

5. Are you currently employed?

1 ☐ NO 2 ☐ YES (SKIP TO 7)

6. Are you currently retired?

1 ☐ NO 2 ☐ YES

7. a. What is/was your usual occupation? \_\_\_\_\_

Clinic use only  
b. How many years were you/have you been employed in that occupation?  Years

8. What is your current marital status?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
Married	Living in a married-like situation	Separated	Divorced	Widowed	Single

(IF NOT MARRIED SKIP TO 10)

9. What is/was your spouse's usual occupation? \_\_\_\_\_

Clinic use only

10. What was your weight at birth? \_\_\_\_\_

 ounces

## MEDICAL HISTORY

Now we need to find out some information about your medical history.

### 11. Have you ever been told by a doctor that you had any of the following?

	No	Yes	Year of 1 <sup>st</sup> diagnosis
a. Angina.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Heart attack within the last 6 months.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Heart attack more than 6 months ago .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Congestive heart failure .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. High blood pressure .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Atrial fibrillation .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. Stroke .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. TIA (transient ischemic attack).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i. Emphysema or chronic bronchitis.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
j. Asthma.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
k. Breast cancer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
l. Endometrial cancer .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
m. Ovarian cancer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
n. Other cancer (including leukemia, lymphoma, Hodgkin's & melanoma but not other skin cancer) type: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
o. Meniere's disease.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
p. Thyroid trouble, Grave's Disease or goiter .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
q. Parathyroid disease.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
r. Stomach or duodenal (peptic) ulcer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
s. Gallstones diagnosed by x-ray, ultrasound, or at surgery .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
t. Arthritis which requires medicine or limits your activity.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
u. Osteoporosis .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
v. Spinal/hip fracture in your adult years <u>not</u> associated with trauma	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
w. Paget's Disease .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
x. Gout.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
y. Depression.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
z. High cholesterol level.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
aa. High triglyceride level.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
bb. Diabetes.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
cc. Any other chronic disease (specify)_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 12. Would you say your health is

1 ☐ Excellent    2 ☐ Very Good    3 ☐ Good    4 ☐ fair    5 ☐ poor

## 13. Compared to others your age, would you say your health is

1 ☐ better    2 ☐ The same    3 ☐ Worse14a. Have you ever had a breast biopsy    1 ☐ NO    2 ☐ Yes14b. Number of previous breast biopsies? 

## 14c. Did any of your previous breast biopsies results show atypical hyperplasia?

1 ☐ NO    2 ☐ Yes    3 ☐ Don't know15. Date of most recent mammogram?  /  / 

## 16. Name of the clinic or mammography center where your most recent mammogram was performed?

Clinic Use only



## 17. Result of most recent mammogram?

1 ☐ Normal (go to #22)    2 ☐ abnormal

## 18. Type of procedure based on abnormal mammogram? (check all that apply)

1 ☐ Excisional biopsy    Date:  /  / 1 ☐ Core biopsy    Date:  /  / 1 ☐ Lumpectomy    Date:  /  / 1 ☐ Mastectomy    Date:  /  / 

## 19. Stage of breast cancer:

0 ☐ Stage 0    1 ☐ Stage I    2 ☐ Stage II    3 ☐ stage III    4 ☐ stage IV or higher20. On which side did you have breast cancer?    1 ☐ Left breast    2 ☐ Right breast

## 21. What treatment have you had for breast cancer? (check all that apply)?

1 ☐ chemotherapy    2 ☐ Radiation    3 ☐ surgery    4 ☐ tamoxifen therapy

## 22. Have you ever been told that you have fibrocystic breast disease (lumpy breasts)?

1 ☐ NO    2 ☐ Yes

## FAMILY HISTORY

Now we need to ask you some questions about your family history.

23. Do you have an identical twin?

1 ☐ NO (skip to #25) 2 ☐ YES

24. Has your identical twin ever had breast cancer?

1 ☐ NO 2 ☐ YES

25. Have any of the following family members ever been diagnosed with breast cancer?

	No	Yes	Age at 1 <sup>st</sup> diagnosis
a. Mother .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
b. Sister(s)* .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
c. Daughter(s)* .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
d. Maternal Grandmother (mother's mother) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
e. Paternal Grandmother (father's mother) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
f. Maternal Great Grandmother (mother's grandmother) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
g. Paternal Great Grandmother (father's grandmother) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
h. Maternal Aunt (mother's Sister) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
i. Paternal Aunt (father's Sister) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
j. Maternal Cousin (mother's Cousin) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
k. Paternal Cousin (father's Cousin) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>

\* If you answered "yes" to having either sisters or daughters, please indicate for both the number with breast cancer.

# Sisters with breast cancer

# Daughters with breast cancer

26. Have any of the following family members ever been diagnosed with osteoporosis?

	No	Yes	Age at 1 <sup>st</sup> diagnosis
a. Mother .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
b. Father .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
c. Sister .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
d. Daughter(s) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
e. Maternal Grandmother (mother's mother) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
f. Maternal Grandfather (mother's father) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
g. Paternal Grandmother (father's mother) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
h. Maternal Grandfather (father's father) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
i. Maternal Aunt (mother's Sister) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>
j. Paternal Aunt (father's Sister) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>

## 27. Do you have a family history of any of the following types of cancer?

- a. Endometrial Cancer    1 ☐ No    2 ☐ Yes
- b. Ovarian Cancer    1 ☐ No    2 ☐ Yes

**REPRODUCTIVE HISTORY**

Now we are going to ask you some questions about your reproductive history and about your menopause.

## 28. At what age did you begin your menstrual periods? (If you don't recall exactly, give your "best guess.")

years    ☐ Never had menstrual periods

## 29. Have you ever been pregnant?

- 1 ☐ No (Skip to #31)    2 ☐ Yes    9 ☐ Don't know (Skip to #31)

- a. How many pregnancies have you had?
- b. How many of your pregnancies resulted in the birth of a live child?
- c. How many of your pregnancies lasted 6 months or longer but ended in a stillbirth?
- d. How many of your pregnancies lasted less than 6 months and ended in a miscarriage, spontaneous abortion, or for some other reason?
- e. What was your age at the time of your first pregnancy?  years
- f. What was your age at the time of your last pregnancy?  years
- g. What was your age at the time of your first live birth?  years

30. Have you ever breastfed any children?    1 ☐ No (Go to #31)    2 ☐ Yes

- a. How many children did you breastfeed?
- b. How many months in total (all births combined) did you breastfeed?  months

31. a. How many adopted or step-children do you have?
- b. How many children currently live in your household?

## 32. Have you ever taken birth control pills?

- 1 ☐ No (Skip to #33)    2 ☐ Yes    9 ☐ Don't know (Go to #33)

- a. How many years in total did you take birth control pills?  years
- b. Are you currently taking birth control pills?    1 ☐ No    2 ☐ Yes

## 33. How old were you when you stopped having menstrual periods?

☐ Never stopped having periods

years

34. Did you undergo natural menopause (not surgically induced)?    1 ☐ No    2 ☐ Yes



35. Have you had a hysterectomy (removal of uterus)

1 ☐ No (Go to #36) 2 ☐ Yes

a. What was your age when you had the hysterectomy?

years

b. Reason for hysterectomy?

1 ☐ excessive bleeding 2 ☐ uterine fibroids 3 ☐ cancer 4 ☐ endometriosis

5 ☐ other (specify) \_\_\_\_\_ 6 ☐ unknown

36. Have you had one or both ovaries removed?

1 ☐ No (Go to #37) 2 ☐ Yes 9 ☐ Don't know (Go to #37)

a. How many ovaries were removed?

1 ☐ One ovary 2 ☐ Both ovaries

b. What was your age when you had your ovaries removed?

years

c. Reason for oophorectomy?

1 ☐ During hysterectomy 2 ☐ Ovarian cancer 3 ☐ Ovarian cyst 4 ☐ Benign ovarian mass

5 ☐ Endometrial cancer 6 ☐ other (specify) \_\_\_\_\_ 7 ☐ unknown

---

Below are questions concerning your lifestyle and behaviors. For each question please choose the response that best describes your behavior. If you do not understand a question, leave it blank and we will help you complete the form.

---

#### ALCOHOL HISTORY

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37. During the PAST YEAR, have you had at least one drink of beer, wine, or liquor?

1 ☐ No (Go to question #41) 2 ☐ Yes (PLEASE CONTINUE)

38. About HOW OFTEN do you drink an alcoholic beverage?

1 ☐ Daily or almost every day 2 ☐ Three or four times a week 3 ☐ Once or twice a week 4 ☐ Once or twice a month 5 ☐ Less often than once a month

39. During an AVERAGE WEEK

- a. About how many bottles or cans of beer do you drink? .....
- b. About how many glasses of wine do you drink? .....
- c. About how many highballs, cocktails, or mixed drinks.....   
do you drink?
- d. About how many drinks of liqueurs or other alcoholic.....   
drinks do you drink?

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## 40. During this PAST WEEK

- a. About how many bottles or cans of beer did you drink?.....
- b. About how many glasses of wine did you drink? .....
- c. About how many highballs, cocktails, or mixed drinks?.....
- d. About how many drinks of liqueurs or other alcoholic drinks.....  
did you drink?

## SMOKING HISTORY

41. Have you ever smoked cigarettes? 1 ☐ No (Go to question #45)2 ☐ Yes

42. How old were you when you began to smoke regularly?

 years

a. Which of the following most closely describes your cigarette smoking history?

- 1 ☐ Currently smoke cigarettes
- 2 ☐ Quit smoking cigarettes completely less than 2 years ago and did not start smoking again
- 3 ☐ Quit smoking cigarettes completely more than 2 years ago and did not start smoking again

43. How many cigarettes do/did you usually smoke per day (record unknown as 99)

44. How many total years have/had you smoked cigarettes?

 years

Exposure to second-hand smoke or environmental tobacco smoke has been linked with various illnesses. The following questions ask about your exposure to sources of cigarette smoke and smoke from other tobacco products such as cigars and pipes, during various times in your life. For each source of smoke, please indicate whether or not you were exposed, and if so, the number of hours per week and the number of years you were exposed.

	No	Yes	Hours per Week Exposed To smoke	# Years Exposed
45. When you were a <u>child</u> ,				
a. Did your parents or another adult living in your household smoke cigarettes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Did your parents or another adult living in your household smoke other tobacco products?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. Were you exposed to cigarette or tobacco smoke in a confined place such as a car?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d. Were you exposed to cigarette or tobacco smoke in restaurants?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	No	Yes	Hours per Week Exposed To smoke	# Years Exposed
46. When you were an <b>adult</b> ,				
a. Did you ever live with someone who smoked cigarettes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b. Did you ever live with someone who smoked other tobacco products?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c. Did you ever work with someone who smoked cigarettes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d. Did you ever work with someone who smoked other tobacco products?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
e. Were you exposed to cigarette or tobacco smoke in a confined place such as a car?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
f. Were you exposed to cigarette or tobacco smoke in restaurants, bars, clubs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

	No	Yes	Hours per Week Exposed To smoke	# Years Exposed
47. Do you <b>currently</b> ,				
a. Live with someone who smokes cigarettes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
b. Live with someone who smokes other tobacco products?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
c. Work with someone who smokes cigarettes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
d. Work with someone who smokes other tobacco products?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
e. Exposed to cigarette or tobacco smoke in a confined place such as a car?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
f. Exposed to cigarette or tobacco smoke in restaurants, bars, clubs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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### EXERCISE HISTORY

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48. Do you regularly engage in **strenuous** exercise or hard physical labor?

1 ☐ No                      2 ☐ Yes

49. Do you exercise or labor at least three times a week?

1 ☐ No                      2 ☐ Yes

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50. During the last 12 months did you change to a less strenuous lifestyle and reduce your normal level of physical activity? 1 ☐ No 2 ☐ Yes
51. During the last 12 months did you change to a more strenuous lifestyle and increase your level of physical activity? 1 ☐ No 2 ☐ Yes
52. Compared to 10 years ago, is the amount of exercise you now get  
1 ☐ The same 2 ☐ More 3 ☐ Less

For questions # 53 through 55 below, use the following as a guide to describe your activity level:

1. **PHYSICAL INACTIVITY:** The inactive person spends most waking hours either sitting or standing quietly. Activities include: working at a desk, reading, watching television, or other quiet pursuits. Usually does not walk more than a few minutes at a time.
  2. **LIGHT PHYSICAL ACTIVITY:** This person usually walks for more than 10 minutes at a time each day, leisurely rides a bicycle, fishes, bowls, golfs, or engages in light carpentry, light gardening, light industrial work, teaching, or light housework on a regular basis.
  3. **MODERATE PHYSICAL ACTIVITY:** This person participates in activities such as brisk walking, recreational or doubles tennis, swimming; or works in occupations such as mail carrier, telephone repair, light building and construction; or engages in housework and home repairs, or moderate gardening.
  4. **HEAVY (STRENUOUS) PHYSICAL ACTIVITY:** This person performs vigorous activity on a regular basis, including jogging, singles tennis, paddleball, high intensity aerobics; or engages in heavy activities such as carrying heavy weights (20 lbs. or more), strenuous farm work or gardening.
53. Thinking about the things you usually did at work during the last 12 months, how would you describe the kind of physical activity you performed?  
1 ☐ Inactive 2 ☐ Light 3 ☐ Moderate 4 ☐ Heavy 5 ☐ Not applicable
54. Thinking about the things you usually did in your home during the last 12 months, how would you describe the kind of physical activity you performed?  
1 ☐ Inactive 2 ☐ Light 3 ☐ Moderate 4 ☐ Heavy
53. Thinking about the things you usually did in your leisure time during the last 12 months, how would you describe the kind of physical activity you performed?  
1 ☐ Inactive 2 ☐ Light 3 ☐ Moderate 4 ☐ Heavy

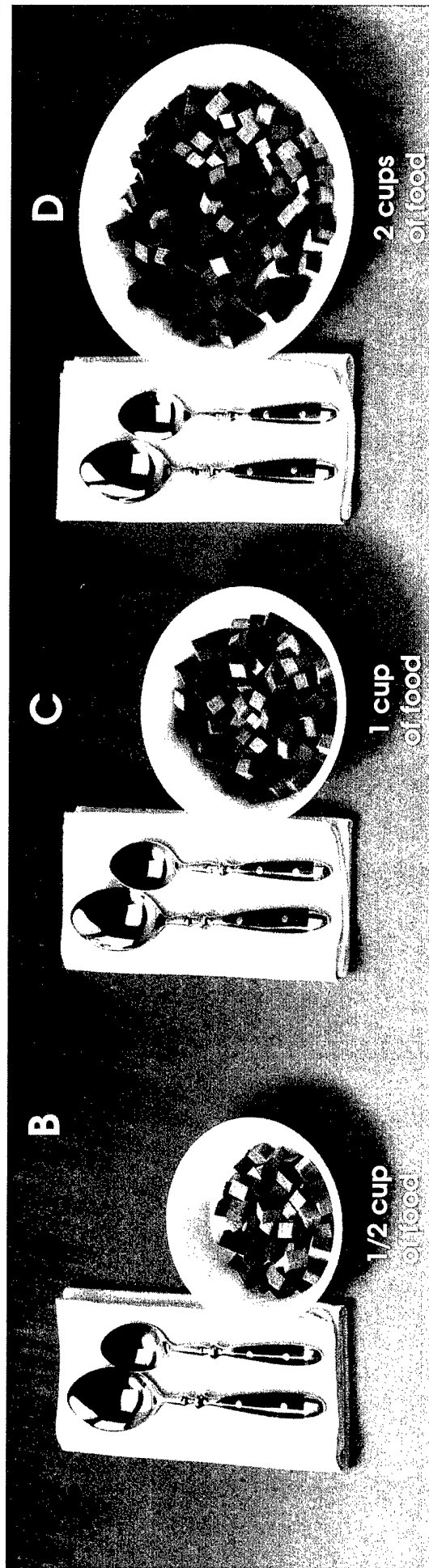
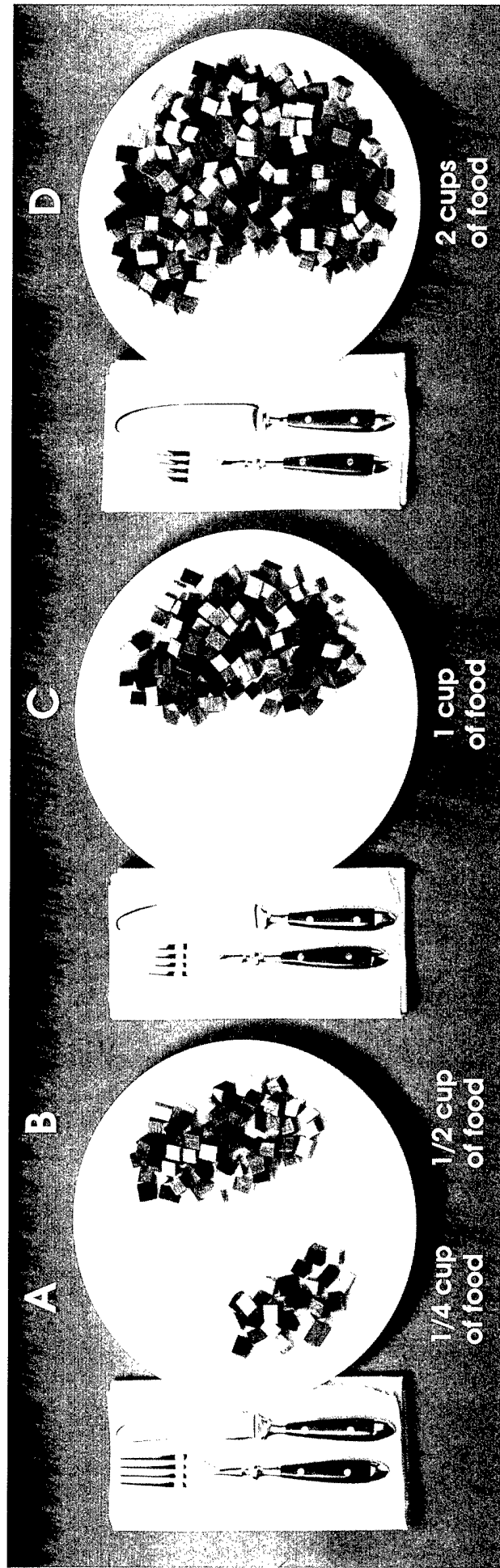
THANK YOU!

# FOOD QUESTIONNAIRE

## Serving Size Choices

Keep this in front of you while you are filling out The Food Questionnaire. You may use either the plates or the bowls to help you choose your serving size.

Choose A, B, C or D: **A** = 1/4 Cup of Food   **B** = 1/2 Cup of Food   **C** = 1 Cup of Food   **D** = 2 Cups of Food



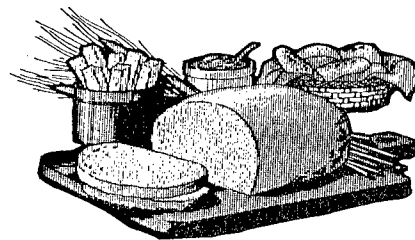
RESPONDENT ID  
NUMBER

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

TODAY'S DATE

<input type="radio"/> Jan	DAY	YEAR
<input type="radio"/> Feb		
<input type="radio"/> Mar	00	1998
<input type="radio"/> Apr	00	1999
<input type="radio"/> May	00	2000
<input type="radio"/> Jun	00	2001
<input type="radio"/> Jul	00	2002
<input type="radio"/> Aug	00	2003
<input type="radio"/> Sep	00	2004
<input type="radio"/> Oct	00	2005
<input type="radio"/> Nov	00	2006
<input type="radio"/> Dec	00	2007

# FOOD QUESTIONNAIRE



This form is about the foods you usually eat.  
It will take about 30 - 40 minutes to complete.

- Please answer each question as best you can. Estimate if you aren't sure.
- Use only a No. 2 pencil.
- Fill in the circles completely, and erase completely if you make any changes.

Please print your name in this box.

SEX

- ☐ Male  
☐ Female

If female, are you  
pregnant or  
breast feeding?

- ☐ No  
☐ Yes  
☐ Not female

AGE

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

WEIGHT  
pounds

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

HEIGHT  
ft. in.

00	
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	

First, a few general questions about what you eat.	AVERAGE USE IN THE PAST YEAR								
	LESS THAN ONCE per WEEK	1-2 per WEEK	3-4 per WEEK	5-6 per WEEK	1 per DAY	1 1/2 per DAY	2 per DAY	3 per DAY	4+ per DAY
About how many servings of vegetables do you eat, per day or per week, not counting salad or potatoes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
About how many servings of fruit do you eat, not counting juices?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you eat cold cereal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you use fat or oil in cooking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


What kinds of fat or oil do you usually use in cooking? MARK ONLY ONE OR TWO

- |  |   |  |
|--|---|--|
| <input type="radio"/> Don't know, or Pam | <input type="radio"/> Butter/margarine blend  | <input type="radio"/> Lard, fatback, bacon fat |
| <input type="radio"/> Stick margarine    | <input type="radio"/> Low-fat margarine       | <input type="radio"/> Crisco                   |
| <input type="radio"/> Soft tub margarine | <input type="radio"/> Corn oil, vegetable oil |  |
| <input type="radio"/> Butter             | <input type="radio"/> Olive oil or canola oil |  |

PLEASE DO NOT WRITE IN THIS AREA

98177

During the past year, have you taken any vitamins or minerals regularly, at least once a month?

☐ No, not regularly ☐ Yes, fairly regularly 

(IF YES) WHAT DID YOU TAKE FAIRLY REGULARLY?

VITAMIN TYPE	HOW OFTEN					FOR HOW MANY YEARS?					
	DIDN'T TAKE	A FEW DAYS per MONTH	1-3 DAYS per WEEK	4-6 DAYS per WEEK	EVERY DAY	LESS THAN 1 YR.	1 YEAR	2 YEARS	3-4 YEARS	5-9 YEARS	10+ YEARS
<b>Multiple Vitamins.</b> Did you take...											
Regular Once-A-Day, Centrum, or Thera type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress-tabs or B-Complex type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Antioxidant combination type	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Single Vitamins</b> (not part of multiple vitamins)											
Vitamin A (not beta-carotene)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta-carotene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Folic acid, folate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calcium, alone or combined with something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zinc, alone or combined with something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selenium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you took Once-a-day, Centrum or Thera-type multiple vitamins, did you usually take types that

☐ contain minerals, iron, zinc, etc.

☐ do not contain minerals

☐ don't know

If you took vitamin C or vitamin E:

How many milligrams of **vitamin C** did you usually take, on the days you took it?

☐ 100 ☐ 250 ☐ 500 ☐ 750 ☐ 1000 ☐ 1500 ☐ 2000 ☐ 3000+ ☐ Don't know

How many IUs of **vitamin E** did you usually take, on the days you took it?

☐ 100 ☐ 200 ☐ 300 ☐ 400 ☐ 600 ☐ 800 ☐ 1000 ☐ 2000+ ☐ Don't know

Did you take any of these supplements at least once a month?

☐ Ginkgo ☐ Ginseng ☐ St. John's Wort ☐ Kava Kava ☐ Echinacea ☐ Melatonin ☐ DHEA  
☐ Glucosamine/Chondroitin ☐ Something else ☐ Didn't take these

The next section is about your usual eating habits in the past year or so. This includes all meals or snacks, at home or in a restaurant or carry-out. There are two kinds of questions to answer for each food:

**HOW OFTEN**, on average, did you eat the food during the past year?

\*Please DO NOT SKIP any foods. Mark "Never" if you didn't eat it.

**HOW MUCH** did you usually eat of the food?

\*Sometimes we ask how many you eat, such as 1 egg, 2 eggs, etc., ON THE DAYS YOU EAT IT.  
 \*Sometimes we ask "how much" as A, B, C or D. LOOK AT THE ENCLOSED PICTURES. For each food, pick the picture (bowls or plates) that looks the most like the serving size you usually eat.  
 (If you don't have pictures: A=1/4 cup, B=1/2 cup, C=1 cup, D=2 cups.)  
 \*Sometimes we made the "D" column a darker color. This is just to remind you to make sure you really eat that large a serving.

**EXAMPLE:** This person drank apple juice twice a week, and had one glass each time. Once a week he ate a "C" sized serving of rice (about 1 cup).

HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MON.	2-3 TIMES per MON.	ONCE per WEEK	TWICE per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
Apple juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses each time	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Rice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much each time	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/> C	<input type="radio"/> D

HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME How many glasses on the days you drink it?				
<b>How often do you drink the following beverages?</b>										How many glasses each time				
Tomato juice or V-8 juice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	
Real 100% orange juice or grapefruit juice, including fresh, frozen or bottled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	
When you drink orange juice, how often do you drink a calcium-fortified brand?	<input type="radio"/> Usually calcium-fortified <input type="radio"/> Sometimes calcium-fortified <input type="radio"/> Hardly ever calcium-fortified				<input type="radio"/> I don't know <input type="radio"/> I don't drink orange juice									
Other real fruit juices like apple juice, prune juice, lemonade	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses	1	2	3	4
Kool-Aid, Hi-C, or other drinks with added vitamin C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses	1	2	3	4
Drinks with some juice in them, like Sunny Delight, Juice Squeeze	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many bottles	1	2	3	4
Instant breakfast milkshakes like Carnation, diet shakes like SlimFast, or liquid supplements like Ensure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses or cans	1	2	3	4
Glasses of milk (any kind)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses	1	2	3	4
When you drink glasses of milk, what kind do you <u>usually</u> drink? <b>MARK ONLY ONE:</b>														
<input type="radio"/> Whole milk <input type="radio"/> Reduced-fat 2% milk <input type="radio"/> Low-fat 1% milk <input type="radio"/> Non-fat milk <input type="radio"/> Rice milk <input type="radio"/> Soy milk <input type="radio"/> I don't drink milk or soy milk														
HOW OFTEN	NEVER	FEW/ YEAR	ONCE/ MONTH	2-3 TIMES/ MONTH	ONCE/ WEEK	TWICE/ WEEK	3-4 TIMES/ WEEK	5-6 TIMES/ WEEK	EVERY DAY	HOW MUCH EACH TIME				
Regular soft drinks, or bottled drinks like Snapple ( <u>not</u> diet drinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many bottles or cans	1	2	3-4	5+
Beer or non-alcoholic beer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many bottles or cans	1	2	3-4	5+
What kind? <b>MARK ONLY ONE:</b>	<input type="radio"/> Regular beer <input type="radio"/> Light beer <input type="radio"/> Non-alcoholic beer <input type="radio"/> I don't drink beer													
Wine or wine coolers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses	1	2	3-4	5+
Liquor or mixed drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many drinks	1	2	3-4	5+
Glasses of water, tap or bottled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many glasses	1	2	3-4	5+
Coffee, regular or decaf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many cups	1	2	3-4	5+
Tea or iced tea ( <u>not</u> herb teas)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many cups	1	2	3-4	5+
What do you usually add to coffee? <b>MARK ONLY ONE:</b>														
<input type="radio"/> Cream or half & half <input type="radio"/> Nondairy creamer <input type="radio"/> Milk <input type="radio"/> None of these														
What do you usually add to tea? <b>MARK ONLY ONE:</b>														
<input type="radio"/> Cream or half & half <input type="radio"/> Nondairy creamer <input type="radio"/> Milk <input type="radio"/> None of these														
Do you usually add sugar (or honey) to coffee? <input type="radio"/> No <input type="radio"/> Yes    IF YES, how many teaspoons each cup?    ① ② ③-4 ⑤+														
Do you usually add sugar (or honey) to tea? <input type="radio"/> No <input type="radio"/> Yes    IF YES, how many teaspoons each cup?    ① ② ③-4 ⑤+														



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HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D
<b>How often do you eat each of the following fruits, just during the 2-3 months when they are in season?</b>										
Raw peaches, apricots, nectarines, while they are in season	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many each time <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Cantaloupe, in season	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much <input type="radio"/> 1/8 <input type="radio"/> 1/4 <input type="radio"/> 1/2 <input type="radio"/> 1
Strawberries, in season	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
Watermelon, in season	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
Any other fruit in season, like grapes, honeydew, pineapple, kiwi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
<b>How often do you eat the following foods all year round? Estimate your average for the whole year.</b>										
Bananas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many each time <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Apples or pears	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many each time <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Oranges or tangerines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many each time <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Grapefruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much <input type="radio"/> 1/2 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Canned fruit like applesauce, fruit cocktail, or dried fruit like raisins	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
<b>HOW OFTEN</b>	<b>NEVER</b>	<b>FEW YEAR</b>	<b>ONCE MONTH</b>	<b>2-3 TIMES MONTH</b>	<b>ONCE WEEK</b>	<b>TWICE WEEK</b>	<b>3-4 TIMES WEEK</b>	<b>5-6 TIMES WEEK</b>	<b>EVERY DAY</b>	<b>HOW MUCH EACH TIME</b>
Eggs, including egg biscuits or Egg McMuffins (Not egg substitutes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many eggs each time <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Bacon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pieces <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Breakfast sausage, including sausage biscuits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pieces <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Pancakes, waffles, French toast, Pop Tarts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pieces <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Breakfast bars, granola bars, Power bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
Cooked cereals like oatmeal, cream of wheat or grits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which bowl <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
High-fiber cereals like All Bran, Raisin Bran, Fruit-n-Fiber	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which bowl <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
Which high-fiber cereal do you eat most often? <b>MARK ONLY ONE:</b> <input type="radio"/> All Bran or Bran Buds <input type="radio"/> Raisin Bran <input type="radio"/> Fiber One, Fruit-n-Fiber, etc. <input type="radio"/> Something else <input type="radio"/> I don't know <input type="radio"/> I don't eat it										
Product 19, Just Right or Total cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which bowl <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
Any other cold cereal, like Corn Flakes, Cheerios, Special K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which bowl <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
Milk or milk substitutes on cereal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many oz. on cereal <input type="radio"/> 3 oz. <input type="radio"/> 4-5 oz. <input type="radio"/> 6-7 oz. <input type="radio"/> 8+ oz.
Yogurt or frozen yogurt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
Cheese, sliced cheese or cheese spread, including on sandwiches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
When you eat cheese, is it <input type="radio"/> Usually low-fat <input type="radio"/> Sometimes low-fat <input type="radio"/> Hardly ever low-fat <input type="radio"/> Don't know/don't eat										

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HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D
How often do you eat the following vegetables, including fresh, frozen, canned or in stir-fry, at home or in a restaurant?										
Broccoli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Carrots, or mixed vegetables or stews containing carrots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Corn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Green beans or green peas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Spinach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Mustard greens, turnip greens, collards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
French fries, fried potatoes or hash browns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
White potatoes not fried, incl. boiled, baked, mashed & potato salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Sweet potatoes, yams (Not in pie)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Cole slaw, cabbage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Green salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Raw tomatoes, including in salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much 1/4 1/2 1 2
Salad dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many Tbsp. 1 2 3 4
Is your salad dressing <input type="radio"/> Usually low-fat <input type="radio"/> Sometimes low-fat <input type="radio"/> Hardly ever low-fat <input type="radio"/> Don't know/don't use										
HOW OFTEN	NEVER	FEW/ YEAR	ONCE/ MONTH	2-3 TIMES/ MONTH	ONCE/ WEEK	TWICE/ WEEK	3-4 TIMES/ WEEK	5-6 TIMES/ WEEK	EVERY DAY	HOW MUCH EACH TIME
Any other vegetable, like okra, squash, cooked green peppers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Refried beans or bean burritos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Chili with beans (with or without meat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Baked beans, black-eye peas, pintos, any other dried beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Vegetable stew	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which Bowl B C D
Vegetable soup, vegetable beef, chicken vegetable, or tomato soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which Bowl B C D
Split pea, bean or lentil soup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which Bowl B C D
Any other soup, like chicken noodle, chowder, mushroom, instant soups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Which Bowl B C D
Spaghetti, lasagna or other pasta with tomato sauce	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Cheese dishes without tomato sauce, like macaroni and cheese	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much A B C D
Pizza, including carry-out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices 1 2 3 4

HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME SEE PORTION SIZE PICTURES FOR A-B-C-D				
Do you ever eat chicken, meat or fish? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, SKIP TO NEXT PAGE														
Hamburgers, cheeseburgers, meat loaf, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much meat	<input type="checkbox"/> 1/8 lb.	<input type="checkbox"/> 1/4 lb.	<input type="checkbox"/> 1/2 lb.	<input type="checkbox"/> 3/4 lb.
Tacos, burritos, enchiladas, tamales, etc. with meat or chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Beef steaks, roasts, pot roast, or in frozen dinners or sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
How do you like beef cooked? <input type="checkbox"/> Rare <input type="checkbox"/> Medium <input type="checkbox"/> Well done <input type="checkbox"/> I don't eat beef														
Pork chops, pork roasts, or dinner ham	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
When you eat meat, do you <input type="checkbox"/> Avoid eating the fat <input type="checkbox"/> Sometimes eat the fat <input type="checkbox"/> Often eat the fat <input type="checkbox"/> I don't eat meat														
Veal, lamb or deer meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Ribs, spareribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many ribs	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5-6	<input type="checkbox"/> 7-8	<input type="checkbox"/> 9+
Liver, including chicken livers or liverwurst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Gizzard, pork neckbones, chitlins, pigs feet, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Mixed dishes with beef or pork, like stew, corned beef hash, stuffed cabbage, meat dish with noodles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Mixed dishes with chicken, like chicken casserole, chicken & noodles, pot pie or in stir-fry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Fried chicken, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	# medium pieces	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Chicken or turkey not fried, such as baked, grilled, or on sandwiches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
When you eat chicken, do you <input type="checkbox"/> Avoid eating the skin <input type="checkbox"/> Sometimes eat the skin <input type="checkbox"/> Often eat the skin														
HOW OFTEN	NEVER	FEW/ YEAR	ONCE/ MONTH	2-3 TIMES/ MONTH	ONCE/ WEEK	TWICE/ WEEK	3-4 TIMES/ WEEK	5-6 TIMES/ WEEK	EVERY DAY	HOW MUCH EACH TIME				
Oysters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Other shellfish like shrimp, scallops, crabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Tuna, tuna salad, tuna casserole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much of the tuna	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Fried fish or fish sandwich, at home or in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Other fish, not fried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How much	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
Hot dogs, or sausage like Polish, Italian or chorizos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Are your hot dogs <input type="checkbox"/> Usually low-fat <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat <input type="checkbox"/> Don't know/don't eat them														
Bologna, sliced ham, turkey lunch meat, other lunch meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How many slices	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Are your lunch meats <input type="checkbox"/> Usually low-fat or turkey <input type="checkbox"/> Sometimes low-fat <input type="checkbox"/> Hardly ever low-fat														

HOW OFTEN	NEVER	A FEW TIMES per YEAR	ONCE per MONTH	2-3 TIMES per MONTH	ONCE per WEEK	2 TIMES per WEEK	3-4 TIMES per WEEK	5-6 TIMES per WEEK	EVERY DAY	HOW MUCH EACH TIME				
										SEE PORTION SIZE PICTURES FOR A-B-C-D				
Noodles, macaroni, pasta salad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Tofu, bean curd	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Meat substitutes, such as veggie burgers, Gardenburgers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many patties	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Chinese food, Thai or other Asian food, not counted above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Snacks like potato chips, corn chips, popcorn (not pretzels)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

Are these snacks ☐ Usually low-fat ☐ Sometimes low-fat ☐ Hardly ever low-fat ☐ Don't know/don't eat

HOW OFTEN	NEVER	FEW/ YEAR	ONCE/ MONTH	2-3 TIMES/ MONTH	ONCE/ WEEK	TWICE/ WEEK	3-4 TIMES/ WEEK	5-6 TIMES/ WEEK	EVERY DAY	HOW MUCH EACH TIME				
										SEE PORTION SIZE PICTURES FOR A-B-C-D				
Peanuts, other nuts or seeds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Crackers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
Doughnuts, Danish pastry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Cake, sweet rolls, coffee cake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

Are they ☐ Usually low-fat ☐ Sometimes low-fat ☐ Hardly ever low-fat ☐ Don't know/don't eat

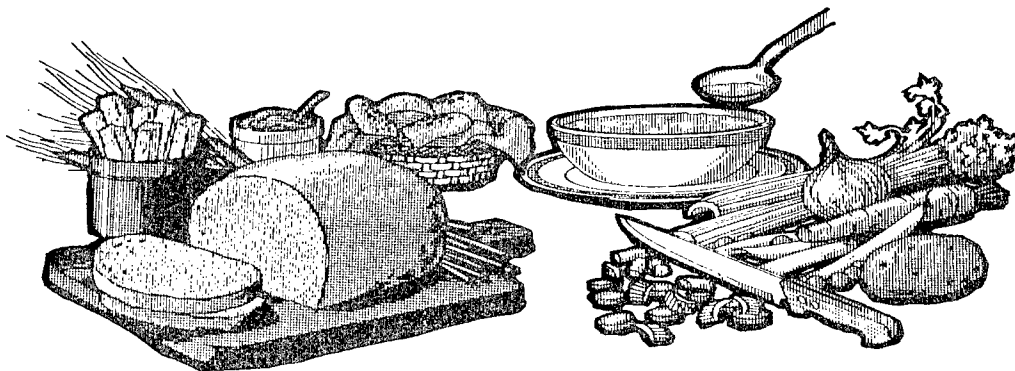
Cookies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many	<input type="radio"/> 1-2	<input type="radio"/> 3-5	<input type="radio"/> 6-7	<input type="radio"/> 8+
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Are your cookies ☐ Usually low-fat ☐ Sometimes low-fat ☐ Hardly ever low-fat ☐ I don't know/don't eat

Ice cream, ice milk, ice cream bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How much	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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Is your ice cream ☐ Usually low-fat ☐ Sometimes low-fat ☐ Hardly ever low-fat ☐ I don't know/don't eat

Pumpkin pie, sweet potato pie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Any other pie or cobbler	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many slices	<input type="radio"/> 1/2	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Chocolate candy, candy bars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many bars	<input type="radio"/> ① small	<input type="radio"/> ① medium	<input type="radio"/> ① large	<input type="radio"/> ② large
Other candy, not chocolate, like hard candy, caramel, jelly beans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	How many pieces	<input type="radio"/> 1-2	<input type="radio"/> 3-5	<input type="radio"/> 6-7	<input type="radio"/> 8+



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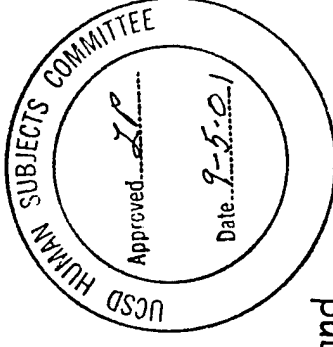
# Help Keep Mammograms for Older Women !

## The Breast and Bone Study

(Breast Cancer and Bone Mass in Older Women)

A UCSD Research Study\*\*

Funding from the Department of Defense



Recent research concluded that

1. Screening mammography is minimally beneficial for women aged 69 and older; and
2. It is not necessary to continue mammography for women with low bone density.

(JAMA 1999;282:2156-2163)

If this is the case, women with low bone density (osteoporosis) may have a delay in the diagnosis of breast cancer.

- Were you diagnosed with Breast Cancer in the past 4 months?
- Are you age 65 or older?

If you answered "YES" to these questions,

YOU can help settle this controversy and have your  
**BONE DENSITY** measured for FREE  
at the La Jolla campus of UCSD

For more information, please call

**ALMA at (858) 822-1001**

\*\*Appointments are available from now through June 2002.



BREAST AND BONE STUDY  
9500 GILMAN DRIVE, 0631-C  
LA JOLLA, CA 92093-0631

TEL: (858) 822-1001

FAX: (858) 534-0377

Dear Friend,

We are writing because we need your help to keep mammograms as a screening test for older women.

Some studies show that women with low bone density have a low risk of breast cancer. A recent research report concluded that screening mammograms may not be cost-effective for women aged 69 and older with low bone mass. If this is the case, then those who have low bone density (or osteoporosis) may have a delay in the diagnosis of breast cancer. However, we do not know how common low bone density (or osteoporosis) is for women with breast cancer.

With funding from the Department of Defense Breast Cancer Research Program, UCSD researchers are conducting a study entitled "Breast Cancer and Bone Mass in Older Women". This study, which is also known as the Breast and Bone Study, is designed to determine what levels of bone density women have when they are diagnosed with breast cancer.

Here is how you can help. If you were diagnosed with breast cancer in the past 4 months and if you are age 65 or older, you can help settle this controversy and have your bone density measured for free. Even if you do not qualify, you can help other women by passing this on to a friend who has recently been diagnosed with breast cancer.

Women who are eligible to be part of this study, will be invited to the La Jolla campus of UCSD for a clinic visit that will last approximately one-and-a-half hours. During this visit you will have your bone density at the hip, low back, wrist, and whole body measured by the latest state-of-the-art technology (DEXA); complete a questionnaire about your health; and have two tablespoons of blood drawn and provide a urine sample. You will also receive a copy of the results of your bone scan.

For more information, please call Alma at (858) 822-1001. Please keep this letter and flyer which also describes our study. We will have appointments available through December 2002. Thank you for your assistance with this important study.

Sincerely,

Diane L. Schneider, M.D., M.Sc.  
Principal Investigator

Donna Kritz-Silverstein, Ph.D.  
Co-Principal Investigator

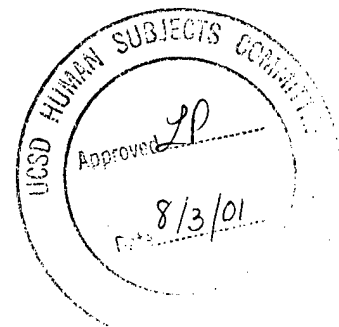
Alma Ellis Stjerne  
Recruitment Coordinator

# FREE BONE DENSITY SCANS

(Hip, Spine, Forearm, Whole Body)

## The Breast and Bone Study

(Breast Cancer and Bone Mass in Older Women)



1. Are you aged 65 or older?
2. Have you had a mammogram recently or plan to?\*\*\*
3. Are you interested in knowing your bone density?

If you answered "yes" to the questions above, you may be eligible to participate in an exciting UCSD research study.

### The Breast and Bone Study is designed to:

- compare the bone densities of women with and without breast cancer
- examine risk factors associated with breast cancer and low bone density

### You are eligible if you:

- are 65 years of age or older
- within the past 4 months you had either
  - a normal mammogram
  - OR
  - a diagnosis of breast cancer and surgery
- are not using medications for osteoporosis; and
- are willing to have your bone density measured

**If interested, please call ALMA at (858) 822-1001**

\*\*\*Save this flyer until you are scheduled for your next mammogram and call us to set an appointment. Appointments available Jan. 2001 - June 2002.



# ESCANEO GRATUITO DE LOS HUESOS

(CADERA, COLUMNA VERTEBRAL, BRAZO, TODO EL CUERPO)

## Estudio de Mama y Huesos

(Stage I Breast Cancer and Bone Mass in Older Women)

1. Tiene Usted 65 AÑOS O MÁS?
2. Le han hecho recientemente un mamograma? \*\*\*
3. Está interesada en conocer la densidad de sus huesos?

Si contestó "SÍ" a estas preguntas, usted puede ser elegible para participar en un estudio de investigación en UCSD.

### EL Estudio de Mama y Hueso esta diseñado para:

- Comparar la densidad de los huesos en mujeres con y sin cáncer de mama
- Examinar factores de riesgo relacionados con cáncer de mama y baja densidad de huesos.

### Usted es elegible:

- Si tiene 65 años o más
- Si en los últimos 4 meses ha tenido  
un mamograma normal  
o  
un diagnóstico de primer grado de cáncer de mama o cirugía
- Si no está tomando medicina para la osteoporosis
- Si está dispuesta a que le midan la densidad de los huesos

**Si está interesada por favor llame a Alma al  
(858) 822-1001**

\*\*\* Guarde este volante hasta que haga su cita para su siguiente mamograma y hable a hacer cita para particiapar en el estudio.

**Habrà citas disponibles de enero 2001 a junio 2002.**

# Estudio De Mama y Huesos

(Stage I Breast Cancer and Bone Mass in Older Women)

Un estudio de investigación de UCSD\*\*

Patrocinado por el Departamento de la Defensa

- Ha sido diagnosticada recientemente con cáncer de mama?
- Ha sido identificada con cáncer de mama de primer grado?
- Tiene 65 años o más?

Si contestó "SÍ" a estas preguntas y

- No está tomando medicina para osteoporosis (Fosamax, Actonel, Miacalcin),
- No ha tenido una prueba para medirle la densidad de los huesos desde su diagnóstico de cáncer de mama,



Puede ser elegible para que le midan la densidad de los huesos gratuitamente.

Si es elegible, será invitada a La Jolla a UCSD para una visita que durará aproximadamente una hora y media. Durante esta visita le:

1. Medirán la densidad de los huesos en la cadera, espalda, muñeca, y todo el cuerpo con la tecnología más moderna, llamada DEXA;
2. Completará un cuestionario acerca de su salud; y
3. Le tomarán sangre, 2 cucharadas, y nos proporcionará una prueba de orina.

Para más información, por favor hable con:

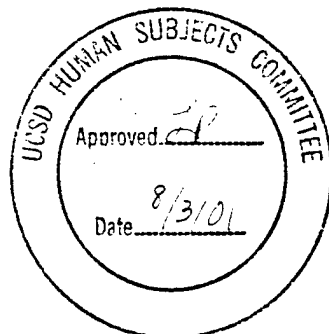
Alma al (858) 822-1001

\*\*Habrán citas disponibles de enero 2001 a junio 2002

# The Breast and Bone Study

Physician Form  
A UCSD Research Study\*\*

- ☐ Patients with cancer of the breast.
- ☐ Older than age 65
- ☐ Definitive surgical procedure within past 4 months
- ☐ Before initiation of chemotherapy or tamoxifen
- ☐ The patient is NOT using medicines for osteoporosis (Fosamax, Actonel, Miacalcin, or Evista)



Patient's Name \_\_\_\_\_

Patient's Phone # \_\_\_\_\_

Please send the report to my office.

Name of Referring Doctor: \_\_\_\_\_

At the La Jolla campus of UCSD for one visit lasting approximately 1 and-a-half hours.

Transportation available if needed.

For an appointment, please fax:

**Alma at (858) 534-0377**

**Or**

**Call at (858) 822-1001**

\*\* Appointments are available from February 2001 through June 2002.

# Estudio de Mama y Huesos

Forma para el Paciente  
Un Estudio de investigación de UCSD\*\*



- ☐ Ha discutido con su oncólogo el cáncer de mama y la osteoporosis
- ☐ Ha sido recomendada por su oncólogo para que le midan la densidad de los huesos gratuitamente
- ☐ No esta tomando medicinas para la osteoporosis (Fosamax, Actonel, Miacalcin, Evista)

Nombre \_\_\_\_\_

La prueba para medir la densidad de los huesos para ver si tiene osteoporosis es gratuita. (Precio normal \$150.00)

La cita es en UCSD en La Jolla. La visita dura aproximadamente hora y media.

Transportación disponible, si la necesita.

Nombre de su médico \_\_\_\_\_

Para citas por favor hable con:

**Alma at (858) 822-1001**

\*\*Habrán citas disponibles hasta junio 2002.

## **RECRUITMENT CONTACTS**

### Regional Hospitals

University of California-San Diego Medical Centers  
Depts of Radiology, Oncology, Medicine, and Surgery  
Breast Tumor Board weekly conference

### Scripps Hospitals

Scripps Green Hospital  
Scripps Memorial Hospital Chula Vista  
Scripps Memorial Hospital Encinitas  
Scripps Memorial Hospital La Jolla  
Scripps Mercy Hospital  
Physicians affiliated with Scripps, Radiation Oncology

Balboa Naval Hospital  
Radiation Oncology  
Camp Pendleton Hospital  
Breast Health Surgeons  
Kaiser Permanente Hospital  
Kaiser IRB approval  
Sharp Hospitals and Senior Centers  
Alvarado Hospital  
Tri City Medical Center  
Pomerado Hospital  
Paradise Valley Hospital

### Mammography screening centers

### County wide Community Clinics

Mid City Clinic  
Paradise Valley Hospital Clinic  
San Ysidro Health Clinic  
Sausalito Health Clinic  
Operation Samahan , two clinic sites

### Cancer support groups

American Cancer Society  
Cancer control and Reach to Recovery volunteers  
Wellness Community  
Susan Komen Foundation grant applicants in the community  
Y-ME Group  
Companeras En Accion (Hispanic Tell a Friend program , SDSU)  
Tell A Friend

Community Organizations and Groups

Black Nurses Association  
BCEDP Treatment Fund (Breast Cancer Early Detection Program)  
CABCO, California Association of Breast Cancer Organizations  
Churches  
Korean American Senior Association  
UCSD Retirement Organization

Press

Small ads and paragraphs in local newspapers, free weekly magazine  
Staying Healthy Report on local NBC affiliate  
Article in Nursezone.com  
UCSD Healthwise Magazine

Mailings

Physicians, targeting oncologists, surgeons, plastic surgeons  
Mass mailing to women 65+ in selected zip codes

Community Activities/Outreach

Senior exercise classes  
Beauty salons  
Senior recreation centers  
YMCA  
Stores providing breast prosthesis  
October Breast Awareness Month Activities  
American Cancer Society, Making Strides Walk,  
Cancer Survivorship Day event

California State Tumor Board Registry

San Diego County